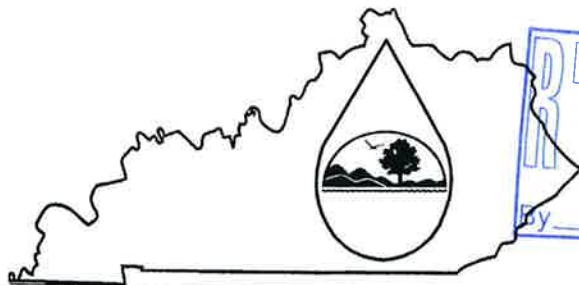


KPDES FORM 1

AZ# 3169

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

-0-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0045586
A. Name of Business, Municipality, Company, Etc. Requesting Permit		MONROE COUNTY BOARD OF EDUCATION	
B. Facility Name and Location JOE HARRISON CARTER ELEMENTARY SCHOOL		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.	
Facility Location Name:		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> RONDAL HAMMER	
Facility Location Address (i.e. street, road, etc., not P.O. Box): 3888 EDMONTON ROAD		Mailing Address: 309 EMBERTON STREET	
Facility Location City, State, Zip Code: TOMPKINSVILLE, KY 42167		Mailing City, State, Zip Code: TOMPKINSVILLE, KY 42167	
D. Owner's name (if not the same as in part A and C):		Facility Contact Telephone Number: 270-487-0082	
Owner's Mailing Address:		Owner's Telephone Number (if different):	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

THIS PLANT SERVES AN ELEMENTARY SCHOOL WITH AN ENROLLMENT OF APPROX. 275 STUDENTS

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

8211 ELEMENTARY SCHOOLS

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

MONROE

City where facility is located (if applicable):

C. Body of water receiving discharge:

EAST FORK BARREN RIVER

D. Facility Site Latitude (degrees, minutes, seconds):

36° - 45 - 17

Facility Site Longitude (degrees, minutes, seconds):

85° - 41 - 18

E. Method used to obtain latitude & longitude (see instructions):

GPS UNIT

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**Name of Treatment Plant Operator:
RONDAL HAMMER

Telephone Number: 270-487-5328

Operator Mailing Address (Street):
43 BILLY FERGUSON ROADOperator Mailing Address (City, State, Zip Code):
SUMMER SHADE, KY 42166

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

I

Certification Number:

18296**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY0045586

Issue Date of Current Permit:

September 2005

Expiration Date of Current Permit:

August 31, 2009

Number of Times Permit Reissued:

6

Date of Original Permit Issuance:

10-13-1978

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	RONDAL HAMMER
DMR Official Telephone Number:	270-487-5456 Extention 2133

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

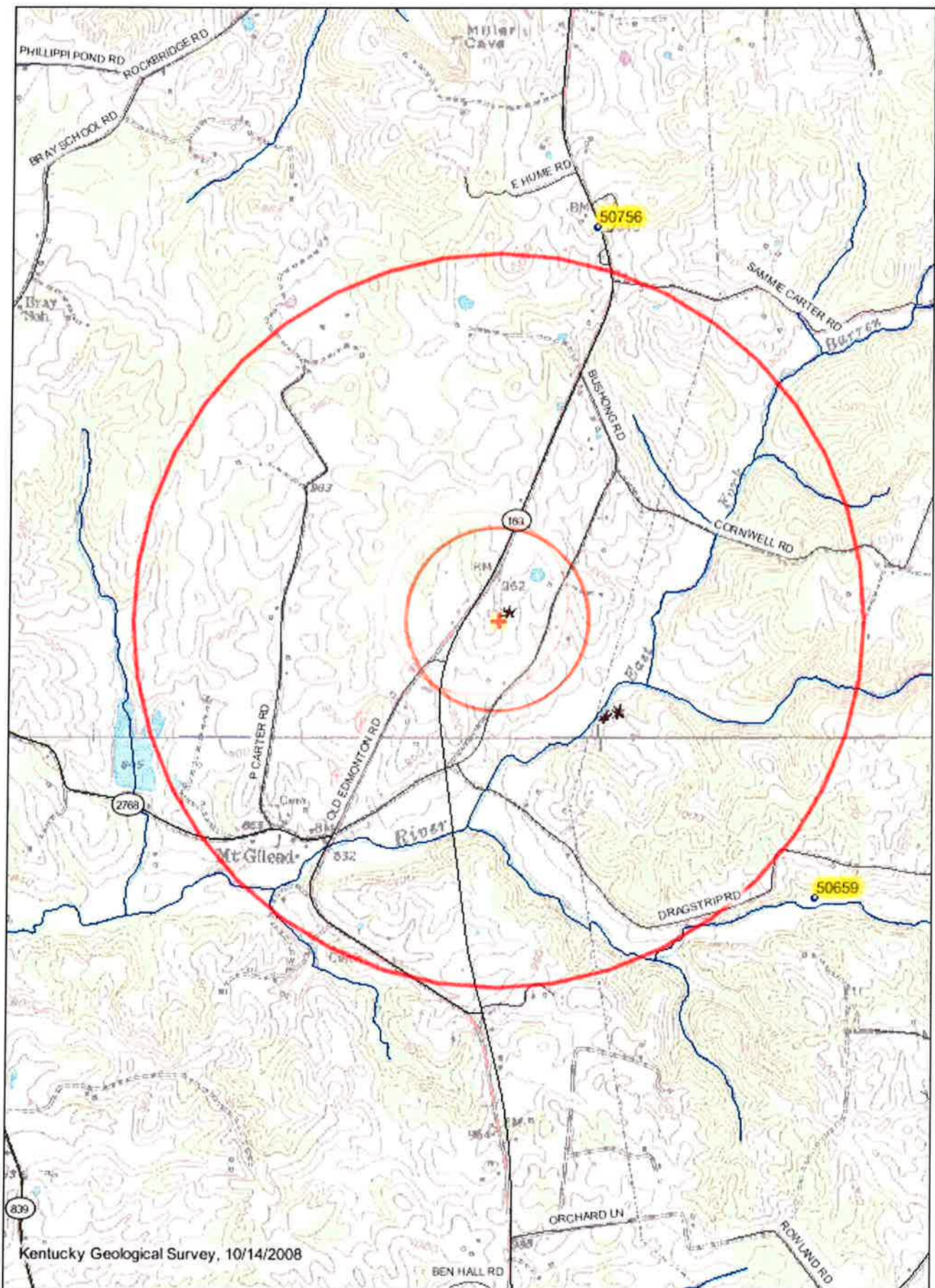
Facility Fee Category: - 0 -	Filing Fee Enclosed: - 0 -
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VIII. CERTIFICATION

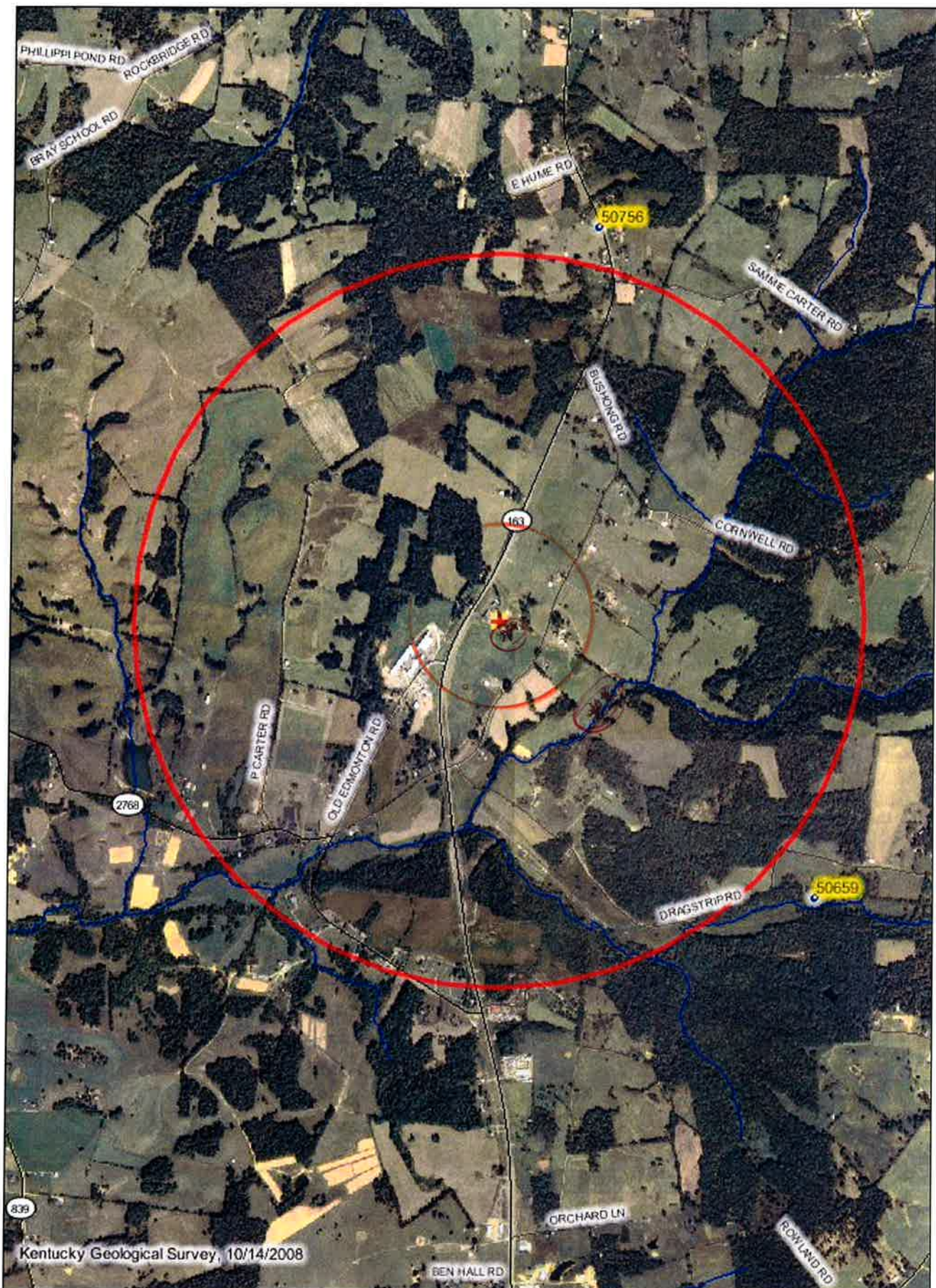
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> RONDAL HAMMER, FACILITIES DIRECTOR	TELEPHONE NUMBER (area code and number): 270-487-5456 Extension 2133
SIGNATURE 	DATE: 10/27/08

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

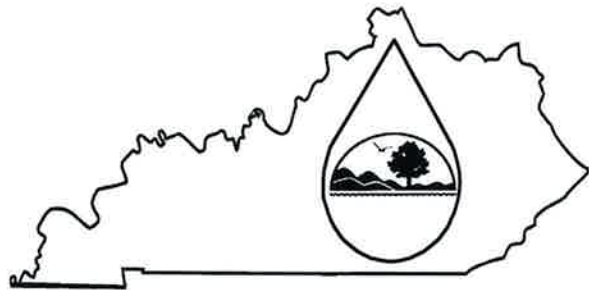


* INFLUENT
** DISCHARGE

SULPHUR
LICK

TOMPKINSVILLE

* INFLUENT
** DISCHARGE



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Joe Harrison Carter Elementary School							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
				0 0 4 5 5 8 6			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				5			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions):							
Student Population				256			
Staff				47			
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				MGD 5000 Gallon/Day Treating			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36°	45	17	85°	41	18	East Fork Barren River

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	GPS Unit
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IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
	Joe Harrison Carter Elem.	5,000	Grinding, Declorination	1-L, 2-E
			Disinfection, Discharge	2-F, 4-A
			Aerobic Digestion	5-B

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

XXX INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

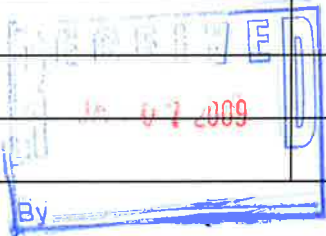
Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:	(If discharge is from an overflow point, the information below must be completed.)	
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)	
NAME	ACTUAL POPULATION SERVED
Joe Harrison Carter Elementary School	303
TOTAL POPULATION SERVED	303

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
		

XII. EFFLUENT CHARACTERISTICS


A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	3.09	3.09	1 Composite
TOTAL SUSPENDED SOLIDS	33	33	1 Composite
FECAL COLIFORM	< 2	< 2	1 GRAB
TOTAL RESIDUAL CHLORINE	<0.011	<0.011	1 GRAB
OIL AND GREASE	5.3	5.3	1 GRAB
CHEMICAL OXYGEN DEMAND	REQUEST	WAIVER	
TOTAL ORGANIC CARBON	REQUEST	WAIVER	
AMMONIA	1.23	1.23	1 Composite
DISCHARGE FLOW	0.0004	0.0004	
pH	7.24	7.24	1
TEMPERATURE (WINTER)	REQUEST	WAIVER	
TEMPERATURE (SUMMER)	REQUEST	WAIVER	

B. Frequency and duration of flow: 5 DAYS/WEEK

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Rondal Hammer, Facilities Director	270-487-5456 Extension 2133
SIGNATURE 	DATE 12/23/08 1-5-09

Agency Interest # **83491**

ENERGY AND ENVIRONMENT CABINET

Certifies that

Rondal T Hammer

IS A DULY LICENSED OPERATOR BY THE

COMMONWEALTH OF KENTUCKY

WW Treatment I 18296

Expiration Date:

06/30
2009



Energy and Environment Cabinet

**Department for
Environmental Protection**

